

**Central Placement Review Readiness Checklist**

|  |
| --- |
| **Cases brought to Central Placement Review (CPR) should be submitted ONLY by the campus LSSP or program specialist. Formal consultation by an LSSP and intervention by the Behavior Program Specialist is required. For students with autism, intervention by the Autism Support Team is required. If formal consultation and interventions have not been completed do not present to CPR.** |

|  |  |  |
| --- | --- | --- |
| 1. | Has an ARD/IEP meeting been conducted within the last 12 months to review student progress and revise educational program/services to address areas of difficulty? | Yes |
| 2. | Are all evaluations completed within 2 years and reflect the student’s ***functioning level*** at this time (including psychoeducational, psychological, speech/language, medical)? | Yes | |
| 3. | Has all ARD/IEP been closed in EasyIEP and faxed in? | Yes | |
| 4. | Have all evaluations for which the student was previously referred been completed? | Yes No | |
|  | If no, list pending assessments and expected date(s) of completion:   |  | | --- | |  | |  | |
| 5. | Have relevant supplementary services and supports been considered and implemented (e.g. peer mediated supports, staff support/training, counseling, psychological services, social worker, etc.)?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes | |
| 6. | Has the school implemented interventions recommended by multiple support staff (LSSP, Program Specialist, HISD psychologist, Autism Support Team, HISD Behavior Program Specialist, and social worker) for at least 4-6 weeks?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records, Review 360). | Yes |
| 7. | Does the current IEP and Behavior Support and Intervention Plan address the areas of difficulty contributing to this placement review request? | Yes | |
| 8. | Is the student’s current medical/mental health information available for review? | Yes | |
| 9. | Has a district-based counseling evaluation been conducted? | Yes | |
| 10. | Has a functional behavioral assessment been conducted? | Yes | |
| 11. | Is student currently in a self-contained setting (minimum of 6 weeks)? \*Attach attendance records | Yes | |
| 12. | Did the student’s parent/guardian(s) agree to a possible change in placement that would move the student from the sending campus? | Yes | |
| 13. | Has the school implemented interventions recommended by the LSSP and the Behavior Program Specialist for at least 4-6 weeks?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records, Review 360). | Yes | |
| 14. | For a student with autism, has the school implemented interventions recommended by the Autism Team for at least 4-6 weeks?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes NA | |